

Name in Full

Certificate of Death

Infant of Laura Bailey

Died at ^{Town} *Mt Vernon* ^{County} *Somerset* MARYLAND

Date 1902 *8* *21* Month Day Age *2* Y. M. D. Native of *Somerset Co.* Occupation *—*

Male White Married Widow Divorced
 Female Colored Single Widower Number of children living *—*

Husband of

Wife

Father's Name *Joseph Bailey*Mother's Maiden Name *Laura Bailey*

Cause of Death { Primary Immediate *Exhaustion* 151 How long sick *1 month*
 Accident, Suicide, Homicide *—*

Reported by *E. M. Dashiell & Br.*Address *Mt Vernon Somerset County Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister



Name
in
Full

CERTIFICATE OF DEATH

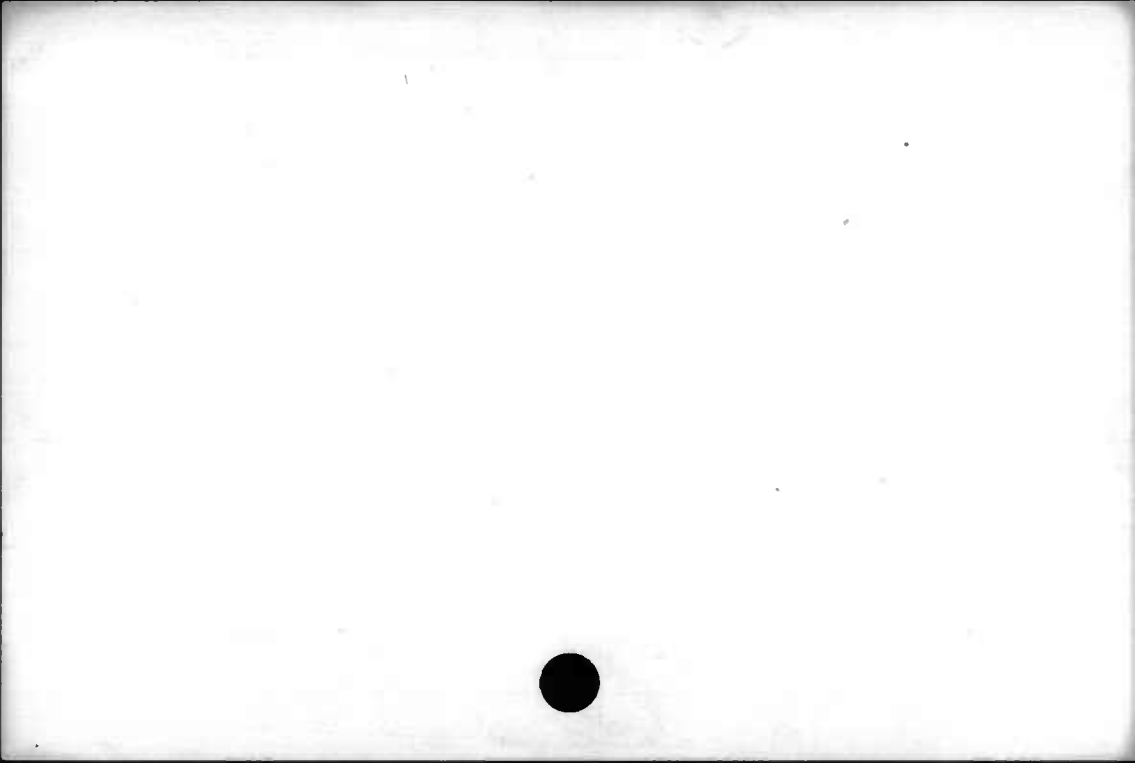
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Kriegsh</i> ^{Town}		<i>Immet</i> ^{County}		MARYLAND	
Date of death 190	<i>August</i> ^{Month}	<i>14</i> ^{Day}	Age <i>5-7-</i> ^{Years}	<i>2</i> ^{Months}	<i>10</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Kriegsh</i>		
Married, Single or Widowed <i>Miss Jennie Beauchamp</i>		Occupation			
Name of Wife or Husband					
Father's Name <i>John Beauchamp</i>			Father's Birthplace <i>Kriegsh</i>		
Mother's Maiden Name <i>Mary Anne Beauchamp</i>			Mother's Birthplace <i>Kriegsh</i>		
Name of person giving information <i>Miss Jennie Beauchamp</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Larcoma</i>	How long <i>one year</i>
Immediate <i>asphyxia</i>	How long <i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. J. Adams</i>
	Address <i>Providence City</i>
Accident or Suicide?	



Name
in
Full

Not named Benson -

CERTIFICATE OF DEATH

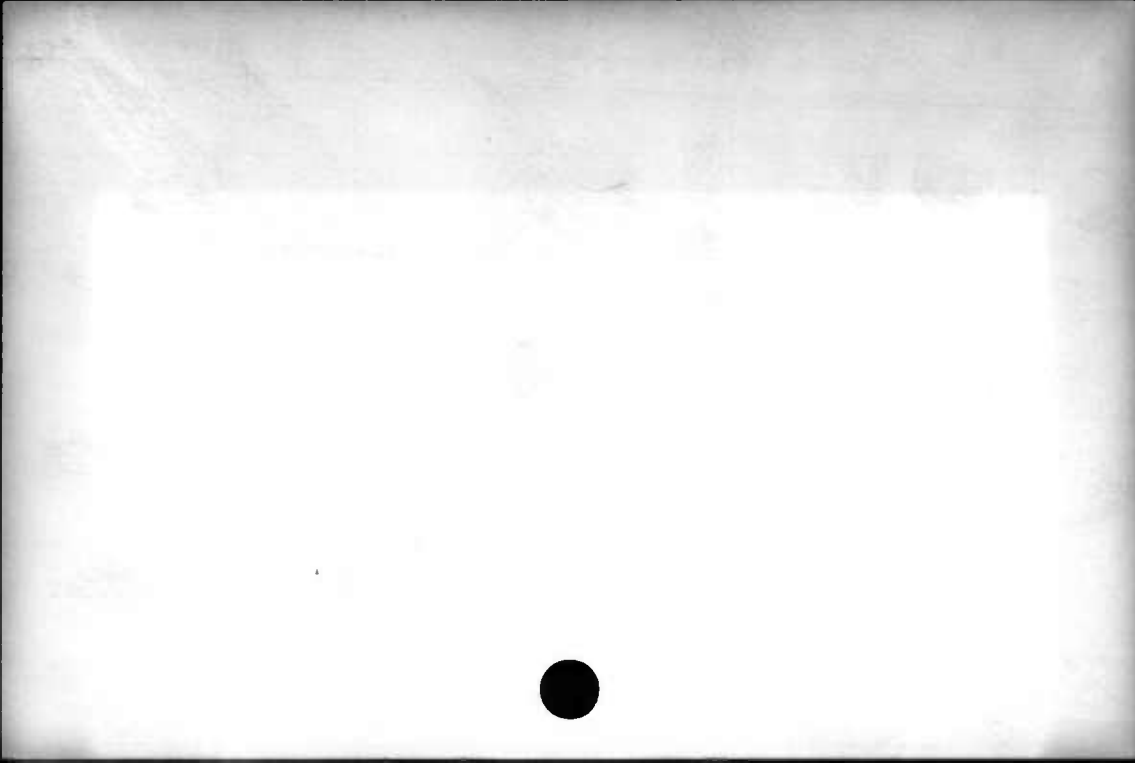
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Craig</i> ^{Town}		<i>Samuel</i> ^{County}		MARYLAND	
Date of death 1907	Month <i>Aug</i>	Day <i>19</i>	Age <i>—</i>	Years <i>—</i>	Months <i>2</i>
Sex <i>girl</i>	Color or Race <i>Colored</i>		Birth-place <i>Ind.</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Sam Benson</i>			Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Agnes Henry</i>			Mother's Birthplace <i>Ind.</i>		
Name of person giving information <i>George Dotter</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Summer Camp camp</i>	How long	<i>105</i>	How long	<i>Several weeks</i>
Immediate					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>P. J. Smith (not in attendance)</i>			
<i>yes</i>		Address <i>Pr. Comm. Ind.</i>			
Accident or Suicide?					



Name In Full

Certificate of Death

Died at

Date 19

Month Day

Age

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Ada Virginia Byrd

Died at ^{Town} Crisfield ^{County} Somerset MARYLAND

Date 1902 ^{Month} 8 ^{Day} 13 ^{Age} 6 ^{Y.} ^{M.} ^{D.} ^{Native of} Md. ^{Occupation} 105

~~Male~~ ^{White} ~~Married~~ ^{Widow} ~~Divorced~~ ^{Female} ~~Single~~ ^{Widower} ^{Number of children living}

Husband of

Wife

Father's Name A. R. Byrd

Mother's Maiden Name Ruth Betz.

Cause of Death { Primary ~~Cholera~~ Cholera Infantum How long sick 10 days

Death { Immediate Accident, Suicide, Homicide

Reported by Dr. J. H. Sowers.

Address Crisfield Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name in Full

Certificate of Death

William Alfred Callum

Town

County

Died at

Princess Anne

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

8

31

Age

2

Domestic

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Throat

How long sick

S.

Death

Immediate

Septicemia

Accident, Suicide, Homicide

Reported by

M. W. Goldberger

Address

Princess Anne

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

James J. Coyle
 Died at *Crusheen* *Somerset* *MARYLAND*
 Town County

Date 19 *02* *08* *22* | Age *73* | Native of *England* | Occupation *Farmer*
 Month Day Y. M. D.
 Male White Married ~~Widow~~ ~~Divorced~~
 Female Colored Single Widower Number of children living *4*

Husband of *Mary Coyle*

Father's Name Mother's Name
 Maiden Name

Cause of Death { Primary *Heart failure* | How long sick -- *five minutes*
 Immediate *Death* | ~~Accident, Suicide, Homicide~~

Reported by *W. F. Hall*

179

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Edward Benson Dennis Jr.

Town

County

Died at

Bridgford

Anne Arundel

MARYLAND

Date 1902	Month 8	Day 16	Y.	M.	D.	Native of	Occupation
						Ind	-
Male	White	Married				Widow	Divorced
Female	Colored	Single				Widower	Number of children living

Husband of 1

Wife

Father's

Name

Ed. Benson Dennis

Mother's

Name

Mabel. Dennis

Cause of

Primary

Erysipelas

18

How long sick

6 days

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

W. F. Hall

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895



Name in Full

Certificate of Death

Died at

Thomas Dix
 Town Crusfield County Somerset

MARYLAND

Date 1902

Month Day

8 28

Age

Y. M. D.

79 6

Native of

Md

Occupation

Gardner

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

3

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Valvular Disease of Heart

How long sick

6 mo

Death

Immediate

Heart Failure

~~Accident, Suicide, Homicide~~

Reported by

H. F. Hall

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Daisy Fontaine

Town

County

Died at

Fairmount

Comerset

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

aug 13

Age

21 2 1

Comerset to none

~~Male~~

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Hester Wilson

Cause of

Primary

Acute Tuberculosis

How long sick

2 months

Death

Immediate

Accident, Suicide, Homicide

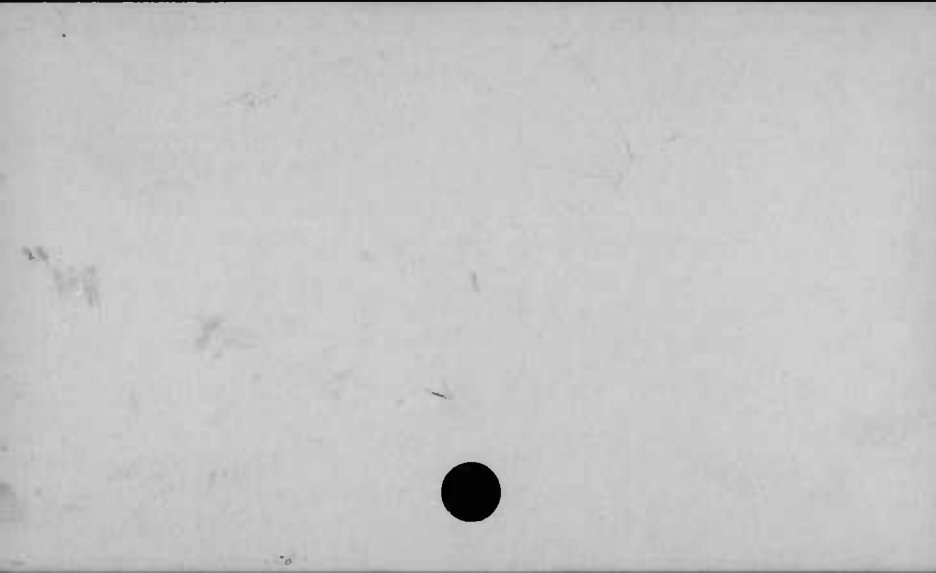
Reported by

G. E. Dickinson

Address

Upper Fairmount

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at

Date 19

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Widow

Divorced

Female

White

Colored

Single

Widower

Number of children living

MARYLAND

3

Mary Elizabeth Gibson

Beul's Island

Somerset

02

Aug 29

65

Mid Housekeeper

Male

of

Henry Gibson

Maiden Name

Nancy Travis

Dysentery

Athenia 14

How long sick

3 wks.

Accident, Suicide, Homicide

J. G. Alexander

Beul's Island

Somerset Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 72838



1 Henry B. Hardester

Town

County

Died at

MARYLAND

Airfield, Somerset

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

8

14

Age 58.6

Md.

Painter

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

5

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Hennetta S. Hardester.

Hennetta Loran

Cause of

Primary

Apoplexy of

How long sick

1 day

Death

Immediate

Accident, Suicide, Homicide

Reported by

E. J. Limonson

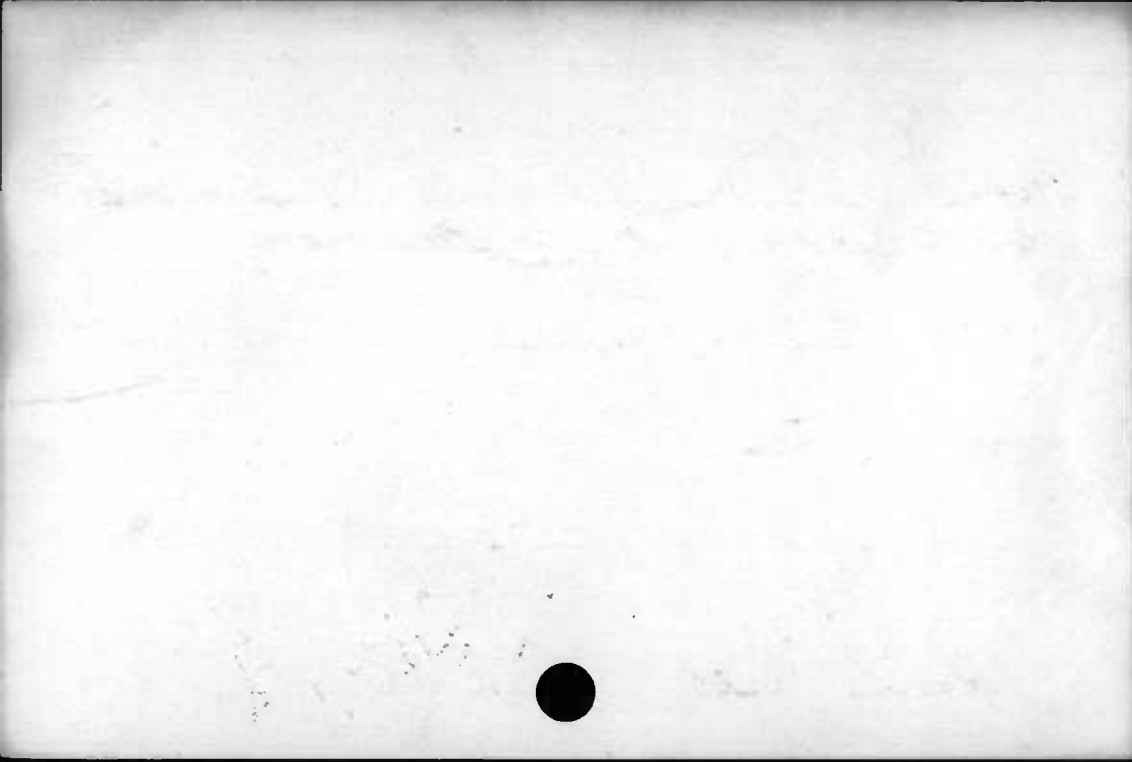
Address

Airfield, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Robert Hargis				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Alms House		County Somerset		MARYLAND	
	Date of death 1907	Month Aug	Day 17	Age 78	Years	Months	Days
	Sex	male		Color or Race	colored		Birth-place
	Married, Single or Widowed		single		Occupation Laborer		
	Name of Wife or Husband						
	Father's Name				106 Father's Birthplace		
	Mother's Maiden Name				Mother's Birthplace		
	Name of person giving information				J. S. Simmons Asst-Recep. How related to deceased		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Chronic Hearthead			How long six months	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician Dr. W. H. Jones		
					Address Canaan Conn		
	Accident or Suicide?						



Name
in full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Near Eden		County Somerset		MARYLAND	
Date of death 1902		Month August		Day 29		Years 68	
Sex Male		Color or Race White		Birth- place Somerset Co. Md.			
Married, Single or Widowed		Married		Occupation Farmer			
Name of Wife or Husband		Annie A. Hayman					
Father's Name		Littleton Hayman				Father's Birthplace Maryland	
Mother's Maiden Name		Sallie Christopher				Mother's Birthplace Maryland	
Name of person giving In formation		J. T. Hayman				How related to deceased None	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate		179 How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Geo. C. Hill		Address Salisbury Md.	
Accident or Suicide?			

Dr. Leong of Allen attended Mr. Hayman
but I had no means of getting
certificate from him and I do not
know what Disease ^{caused} Mr. Hayman's death
Geo. C. Hill

Stanley L Horsey

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Age

2 12

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

Single

Widower

~~Number of children living~~Husband
of

Wife

Father's
Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

one week

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at Arvile ^{Town} Somerset ^{County} MARYLAND
 Date 1902 Aug 26 ^{Month Day} Age 9 ^{M. Y. Br.} md ^{Native of} — ^{Occupation}
 Male Female White Colored Married Single Widow Widower Divorced Number of children living

Husband
of
Wife

Father's Name Geo Jones Mother's Maiden Name Ann Muir

Cause of Death { Primary Marasmus Immediate Asthma } How long sick 6 mos
 { 105 } Accident, Suicide, Homicide

Reported by R. L. Floyd M.D.

Address

Arvile P.O., Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Frank. Luskford

Died at ^{Town} *Ornfield* ^{County} *Gorhamset* MARYLAND

Date 1902 ^{Month} *8* ^{Day} *17* | ^{Y.} *16* ^{M.} *6* ^{D.} *6* | ^{Native of} *Ind* | ^{Occupation} *Labourer*

Male ☒ White ☒ Married ☒ Widow ☐ Divorced ☐
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living *none*

Husband of *X*

Wife

Father's Name *A. Columbus Luskford* | Mother's Name *Lizzie Luskford*

Cause of Death { ^{Primary} *Pistol shot* | ^{How long sick} *half hour*
 { ^{Immediate} *hemorrhage* | ^{Accident, Suicide, Homicide} *166.*

Reported by *W. F. Hall*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

James Edward Matthews
 Died at *Lorrsfield* Town *Somerset* County *MARYLAND*

Date *1902* Month *8* Day *26* Age *- 9 -* Y. M. D. Native of *md* Occupation *none*
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Cause of

Death

Primary

Immediate

Mother's

Name

How long sick

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

John D. Mathewe
 Died at Marrin Town Somerset County
 MARYLAND
 Date 1902 8-25 Y. M. D. Age 11.22 Native of Ind Occupation —
 Male White Married Widowed Divorced
~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband
 of
 Wife

Father's Name Wm. E. Mathewe Mother's Name Maggie Mathewe
 Cause of Death { Primary Cholera Infantum Immediate 2 days
 How long sick 2 days
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Nancy Messick

CERTIFICATE OF DEATH

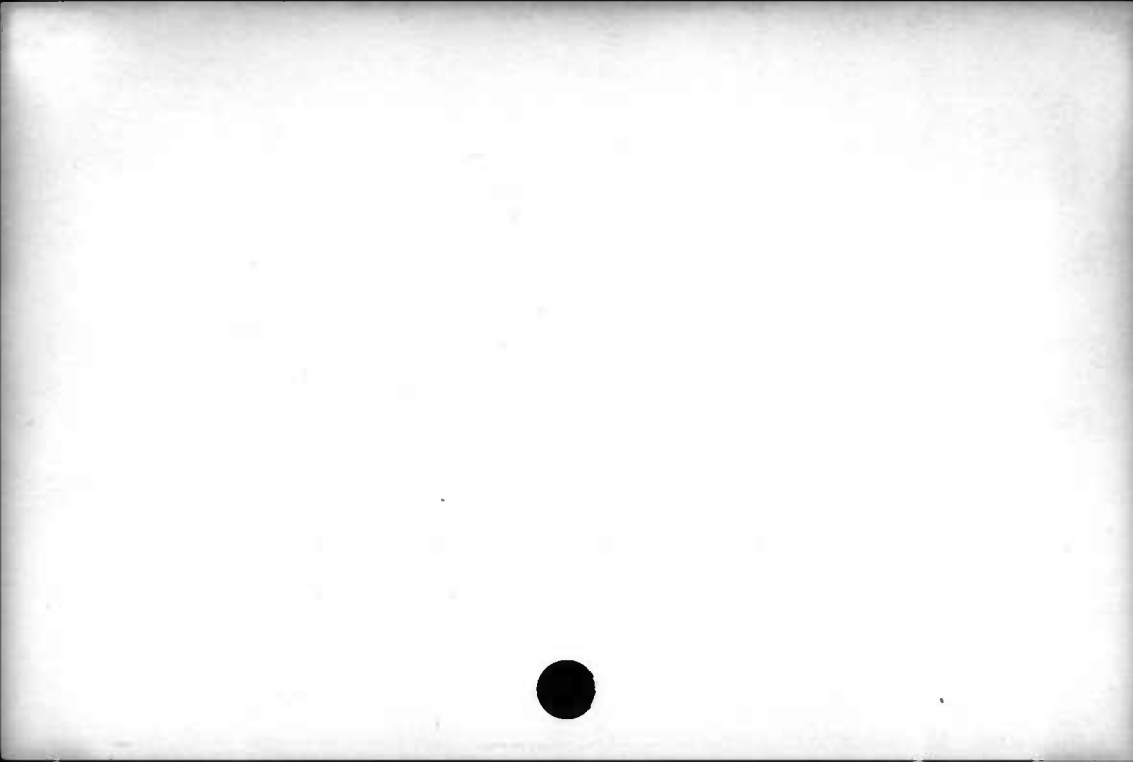
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>James Quarter</i>		County <i>Somerset</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Aug.</i>	Day <i>8th</i>	Years <i>31</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Somerset Co.</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>				
Name of Wife or Husband <i>Robt. Messick</i>					
Father's Name <i>Robt. Messick</i>			Father's Birthplace <i>Somerset Co.</i>		
Mother's Maiden Name <i>Nancy Harris</i>			Mother's Birthplace <i>Somerset Co.</i>		
Name of person giving information <i>Robt. Messick</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	<i>27</i>	How long <i>one year</i>
Immediate <i>Exhaustion</i>		How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. Windsor M.D.</i>	
	Address <i>James Quarter, Somerset Co.</i>	
Accident or Suicide? <i>-</i>		



Name In Full

Certificate of Death

Thomas Muir

Died at

Town Habnab

County

Somerset

MARYLAND

Date 19

02

Month

Day

Aug 13

Age

74 6 22

Native of

Md

Occupation

Carpenter

Male

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~

Widower

Number of children living

3

Husband

of

Margaret Brown

Wife

Father's

Name

Josiah Muir

Mother's

Maiden Name

Ann Bozman

Cause of

Primary

Mitral Insufficiency

How long sick

3 weeks

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Re L. Hays M.D.

Address

Orville P.O. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79698



Name in Full

Certificate of Death

Edward Nelson

Town

County

Died at

Crisfield

Somerset

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

8

25

Age

1 2

Md

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband
of

Wife

Father's

Name

Edward Nelson

Mother's

Maiden Name

Hettie Sterling

Cause of

Primary

Cholera Infantum

How long sick

3 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. J. Lawson

Address

Crisfield Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Torenzo Richard Nelson

Town

County

Died at

MARYLAND

Died at *Aspsfield* *Somerset*
 Month Day Y. M. D. Native of Occupation
 Date 19 *02* *8*. *28* Age *-6-* *Aspsfield*
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Mother's

Name *L. E. Nelson* Maiden Name *Ethel Sterling*

Cause of

Primary

Enterocolitis

How long sick

4 days

Death

Immediate

Accident, Suicide, Homicide

105

Reported by

G. J. Annouison

Address

Aspsfield Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Edward Parks

Died at

Arvile

Town

County

Somerset

MARYLAND

Date 1902

Month

Day

Aug 2

Age

Y.

M.

D.

58 - -

Native of

Md

Occupation

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

8

Husband

of

Wife

Father's

Name

Miranda Townsend

Rabt Parks

Mother's

Maiden Name

Cause of

Primary

Apoplexy

Death

Immediate

How long sick

Instantaneous

Accident, Suicide, Homicide

Reported by

R. To Hoff M.D.

Address

Arvile P. O., Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 29898



Chas. Edw. Poleyette

Town

County

Died at

Westover

Somerset

MARYLAND

Date

1902

Aug. 5

Age

7

Native of

Md.

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widow~~

Number of children living

Husband

of

Wife

Father's

Name

Chas. Poleyette

Mother's

Name

Annie Webb

Cause of

Primary

Cholera infantum

How long sick

6 days

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

G. W. Gill, M.D.

Address

Marobain

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

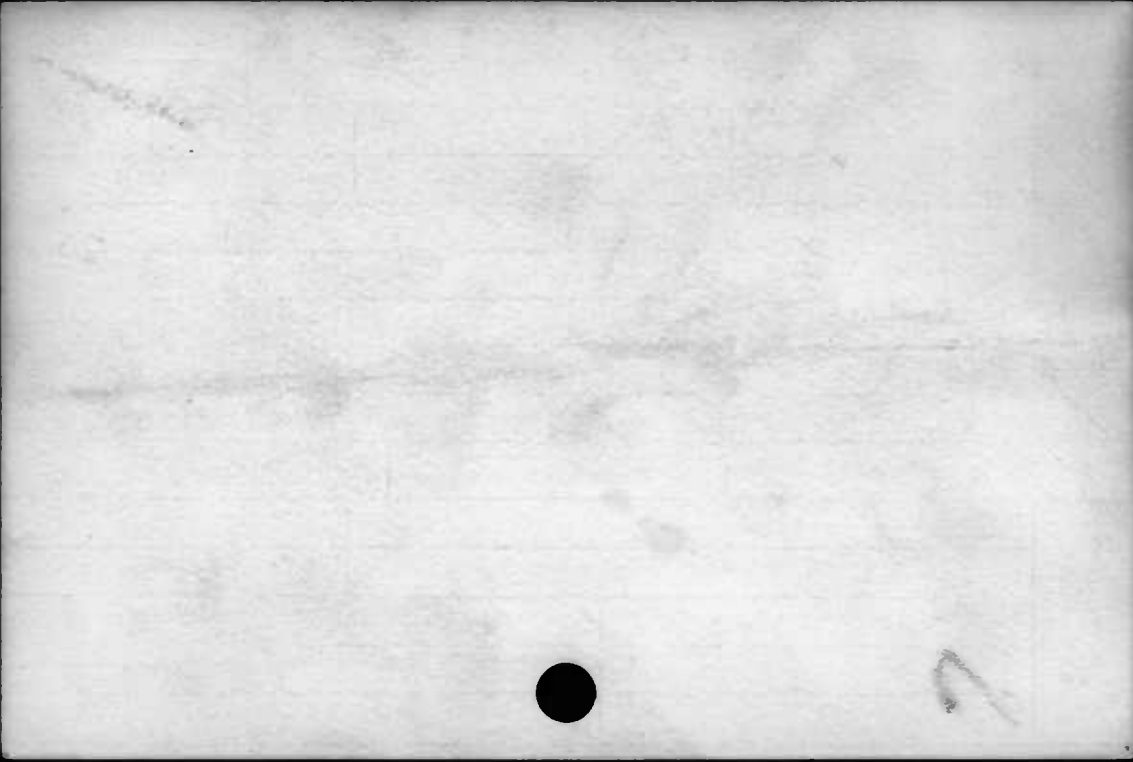
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Alfred Polk (col'd)</i>		Town <i>Princess Anne Md.</i>		County <i>Somerset Co.</i>		State <i>MARYLAND</i>	
Died at		Month <i>Aug</i>		Day <i>17</i>		Years <i>64</i>	
Date of death 1902		Months		Days			
Sex <i>Male</i>		Color or Race <i>Col'd</i>		Birth-place <i>near P Anne</i>			
Married, Single, or Widowed <i>Widower</i>		Occupation <i>Laborer</i>					
Name of Wife or Husband							
Father's Name <i>Peter Polk</i>		Father's Birthplace <i>near P Anne</i>					
Mother's Maiden Name <i>Lina Stewart</i>		Mother's Birthplace " "					
Name of person giving information <i>Jake H Brickhead</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart Trouble</i>		How long <i>2 years</i>	
Immediate <i>Apoplexy</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Prine Jones M.D.</i>	
		Address <i>Princess Anne</i>	
Accident or Suicide?			



Jane Pollett

Town

County

State

MARYLAND

Died at

Parr

Lomont

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Aug 3

Age 67

Som Co

Housekeeper

Male

White

Married

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

9

Husband

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Blanche Pruitt

Town

County

Died at

Crisfield

Somerset

MARYLAND

Date 1904

Month

Day

8 4

Age

7

Native of

Occupation

Anneton Co

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widow~~

Number of children living

3

Husband of

Wife

Father's

Name

George Pruitt
Mason

Mother's

Maiden Name

Blanch Pruitt

Cause of

Primary

Inflammation of Bowels

How long sick

30 days

Death

~~Immediate~~

Accident, Suicide, Homicide

Reported by

Dr C C Mond

Address

Crisfield MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mary Pusey

Town Prince Anne County Maryland

Died at 1402 Month 3 Day 28 Y. 55 M. D. Native of Md Occupation Homemaker

Male White Married Widowed Divorced
Female Colored Single Widower Number of children living 1

Husband of J. J. Pusey
Wife
Father's Name L. J. Pusey
Mother's Name 120

Cause of Death { Primary Nephritis
Immediate Asphyxiation
How long sick 3 weeks.
Accident, Suicide, Homicide

Reported by W. W. Giddens
Address Prince Anne

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Branchaump Roach

CERTIFICATE OF DEATH

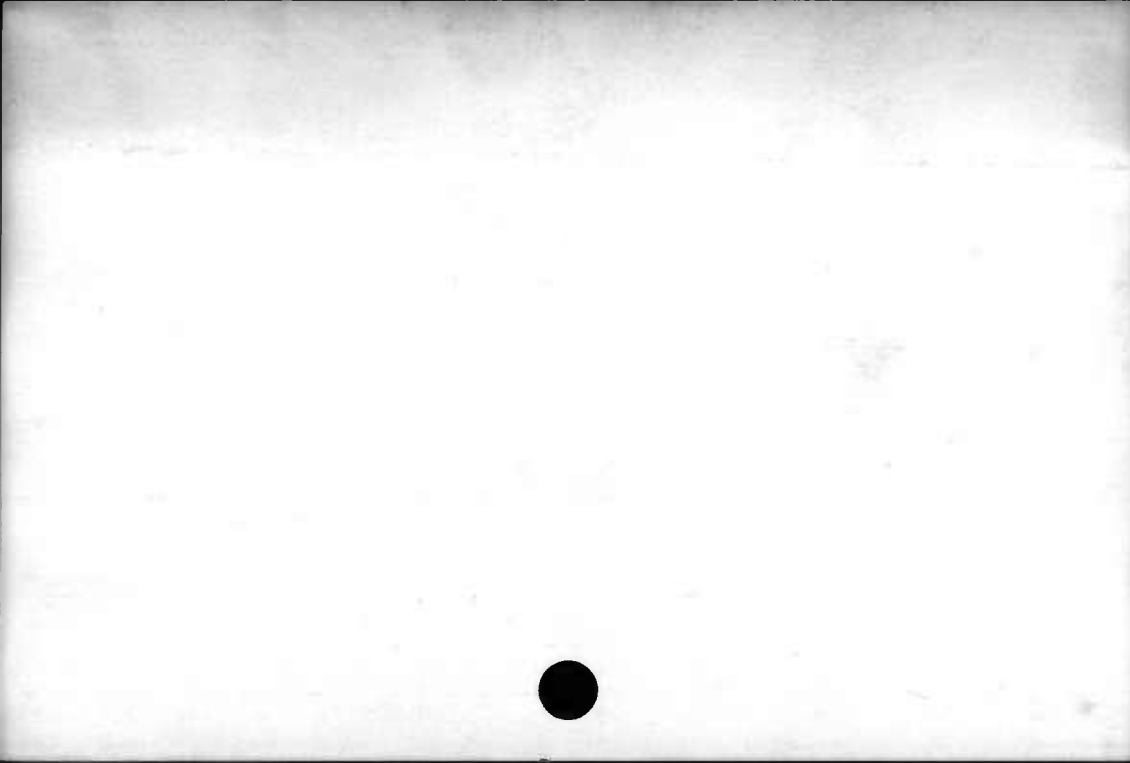
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Marion Station</i>		County <i>Somerset</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>aug</i>	Day <i>22</i>	Age <i>no record of birth</i>	Years <i>infirmed to be returned 90+90</i>	Months <i>2</i>
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>Somerset Co. Md</i>	
Married, Single or Widowed <i>Widower</i>		Occupation <i>Farmer</i>			
Name of Wife or Husband <i>Caroline Lauckford (died)</i>					
Father's Name <i>Leah Roach</i>			Father's Birthplace <i>Somerset come</i>		
Mother's Maiden Name <i>Leah Ward</i>			Mother's Birthplace <i>Somerset come</i>		
Name of person giving information <i>Noah Roach</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dysentery</i>	How long <i>Two weeks</i>
Immediate <i>Hemorrhage</i>	How long <i>four days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D. B. Ewell M.D.</i>
<i>Marion Station</i>	Address <i>Somerset County</i>
Accident or Suicide?	



Name
in
Full

Louise Shores

CERTIFICATE OF DEATH

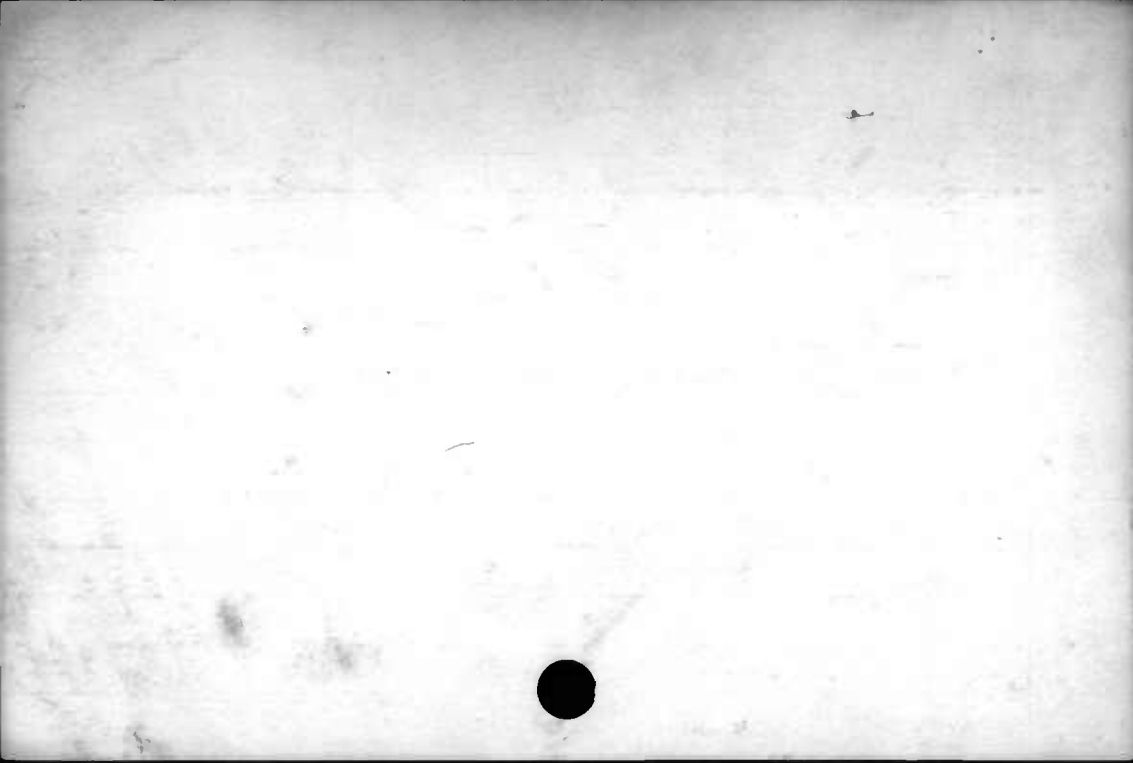
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month	Day	Years	Months	Days	
of death 190		2	Aug.	8th	Age	11	20
Sex		Female		Color or Race		White	
Married, Single or Widowed		Single		Occupation		—	
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			
George Shores				Somerset Co. Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Enterocolitis	How long	3 months
Immediate	Asthma	How long	105
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. Swindor, M.D.	
		Address	
		D. Danvers Swindor, M.D.	
Accident or Suicide?			



Name in Full

Certificate of Death

James Reel Sterling
 Died at Ansfield Town Somerset County
 MARYLAND
 Date 1902 8 30 Month Day Y. M. D. Age 27 Native of Me Occupation Cyteman
 Male White Married Widow Divorced Single
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

Husband of Portia Tyler
 Father's Name Reel Sterling Mother's Name Margaret C. Sterling
 Cause of Death { Primary Pulmonary Consumption How long sick One year
 Immediate Accident, Suicide, Homicide

Reported by W. F. Reel
 Address Ansfield Me

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *Arthur Tillman*
 Town *Geethi Corner* County *Somerset* MARYLAND
 Died at *Geethi Corner*
 Month *Aug* Day *27* Y. *7* M. *2* D. *1* Native of *Ind* Occupation *School boy*
 Date 19 *02* *Aug 27* Age *7 years*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widower ☐ Divorced ☐ Number of children living *2*
 Husband of *John Tillman* Mother's *Sarah Tillman*
 Name *John Tillman* Maiden Name *Sarah Tillman*
 Cause of *Strangulated Hernia* How long sick *3 days*
 Death *Immediate* Accident, Suicide, Homicide ☐
 Reported by *H. H. Huntz and*
 Address *Marion St. Station Ind*
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at

Date

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Town

County

Month

D.

Y.

M.

D.

Native of

Occupation

MARYLAND

Age

Single

Female

White

Color

Married

Widow

Widower

Divorced

Number of children living

Mary Jane Webster

Beaulieu Island

Somerset

1902 Aug 20

10

Med

of

Wife

Father's

Name

Mother's

Name

Cause of

Death

Reported by

Address

Primary

Immediate

Typhoid Fever

Asthma

How long sick

21 days

Accident, Suicide, Homicide

Reported by

Address

J. H. Alexander

Beaulieu Island

Somerset Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

UNRECORDED

